



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

October 3, 2008

GENERAL LETTER NO. 23-H-AP-7

ISSUED BY: Bureau of Purchasing, Payments and Receipts,
Division of Fiscal Management

SUBJECT: Management Manual, Title 23, Chapter H, **TRAVEL CLAIMS APPENDIX**,
Contents (page 1), revised; pages 3 through 8 and 18 through 22, revised; and
the following forms:

TP 07-410 *Travel Payment*, revised

TA (TEMP) 07-450 *Temporary Out-of-State Travel Advance*, revised

Summary

This chapter is revised to reflect current policies, procedures, and forms.

Effective Date

Immediately.

Material Superseded

Remove the following pages from the Management Manual, Title 23, Chapter H, Appendix, and
destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 5, 2006
TP 07-410	4/06
3-8, 18	May 5, 2006
TP (TEMP) 07-450	4/06
19-22	May 5, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator, your
service area manager, or your regional collections administrator.

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Request for Travel Authority, Form 655-0209	8
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Request for Exception to State-Wide Policy, Form 625-1329	23

Official Domicile 1			TRAVEL PAYMENT										Document Number			
Purpose of Travel <input type="checkbox"/> Normal Job Duties <input type="checkbox"/> Meeting <input type="checkbox"/> Training			<input type="checkbox"/> Conference / Seminar <input type="checkbox"/> Staff Development <input type="checkbox"/> Required by Federal Government 2										5			
Name and Home Address 3			Alternate Address (send warrant to) 4			Accounting Use Only—Reference All Other Related Documents										
						Doc #		Date Paid		Doc #		Date Paid				
Year 6	Time HH:MM A/P		Travel		<input type="checkbox"/> State Vehicle <input type="checkbox"/> Personal Vehicle			Meals				Lodging		Transportation and Other Expenses		
MM/DD	Left	Returned	From	To	Miles	Rate in Cents	Charge	Breakfast	Lunch	Dinner	Total	Reimb Total	Actual	Reimb Total	C o d e	Amount
6	7	8	9		10	11	12		13		14	15	16	17	18	19
Totals																
Trans/ Other Expense	A – Air B – Bus/cab D – L.D. phone		F – Local phone L – Laundry P – Parking		R – Registration S – Supplies T – Tolls		O - Other, specify here		Document Total				20			
									Less Travel Advances				21			
									Less Travel PCard Pymts				22			
Routine uses of this form are to fulfill IRS requirements, identify individual claims for public inspection, provide the state vehicle dispatcher information, and to prepare annual salary book.									Reimbursement Requested				23			
Claimant's Certification I certify that the items for which payment/reimbursement is claimed were furnished for state business under the authority of the law and that the charges are reasonable, proper, and correct, and no part of this claim has been reimbursed or paid by the state, except advances shown, and I understand the routine uses of this form.								Department Certification I certify that the above expenses were incurred and the amounts are correct and should be paid from the funds appropriated by:								
Commuting miles excluded?		Travel includes vicinity miles?		Direct deposit?		Warrant to alt addr?		Code or Chapter Section(s)								
24		25		26		27										
Title 28				Department to be Charged 29				Travel Authority # / Blanket Travel #								
Employee Vendor # 30				Check if board or commission member <input type="checkbox"/> 31				Travel Approval (Supervisor's Signature) 34								
Claimant's Signature 32				Date 33												
THE FOLLOWING FIELDS ARE FOR ACCOUNTING USE																
Doc Type TP	Doc Number 5		Doc Date		Acctg Prd	Bud FY 35	Addr Override Y / N	Vendor #				Doc Total				
Line	Fund	Dept	Unit	Sub Unit	Objt	Sub Objt	Employee Vendor #				Amount					
01	36	36	36	36	36						37					
02																
03																
04																
05																
06																
Document Total														38		

2. **Purpose of Travel:** Mark the applicable box to indicate each purpose of the travel being claimed.
3. **Name and Home Address:** Enter the employee's name and residence address.
4. **Alternate Address:** Enter the office for warrant delivery. The warrant will be sent to this division, bureau, or local office.
5. **Document Number:** Not required.
6. **Year, MM/DD:** Enter the year in the space provided. Then in the column, enter the month and the day that the travel occurred.
7. **Time HH:MM A/P, Left:** Enter the departure time for the first day of the trip in hours and minutes and must designate either A for A.M. or P for P.M.
8. **Time HH:MM A/P, Returned:** Enter the time returned for each day a trip is concluded in hours and minutes and must designate either A for A.M. or P for P.M. Examples:

1. Mr. C's official domicile is Des Moines. He departs from his official domicile at 8:15 a.m. and returns to his official domicile at 11:30 a.m. "Time Left" and "Time Returned" must be completed on the TP form.
2. Ms. G's official domicile is Des Moines. She travels to Sioux City for three days. On the first day, she leaves her official domicile at 6:30 a.m. On the third day, she returns at 2:00 p.m. The time left on the first day and time returned on the last day of the trip must be included on the TP form.

9. **Travel From/To:** Enter the place of origination and most distant point traveled for that date. If there is no lodging for that date, it will be assumed that the employee returned to the official domicile or residence, unless an explanation (such as “stayed with friends” or “stayed with relatives”) is entered on the claim.

Enter an explanation of how the employee arrived at the destination if no mileage will be entered in the next field.

The state car number is required, unless items are purchased for the state car and the DAS-GSE-Fleet and Mail Credit Card is used. (See procedure [210.131\(2\)](#) for more information.) The name of the passengers or driver, whichever is applicable, is not required, but may be included.

10. **Miles:** Enter the number of miles traveled on official state business for that particular date. When leaving from home, instead of the office, normal commuting miles must be deducted from the mileage. (See procedure [210.107](#).)
11. **Rate in Cents:** Enter the rate of mileage reimbursement. See procedure [210.107](#) for the current mileage rates. (Valid choices are in a drop-down box on the template.)
12. **Charge:** Enter the total charge for mileage or use the calculation function on the template.
13. **Meals: Breakfast, Lunch, Dinner:** Enter the **actual** cost of breakfast, lunch, and dinner incurred during travel. To claim breakfast on the first morning of a trip, you must depart before 7:00 a.m. Dinner is allowed if the return time is after 6:00 p.m. If there is no such explanation, the claim must be reduced accordingly.

If a meal is included in a registration fee or provided by an outside source, indicate this somewhere on the form or on a separate attachment.

Client meals are reimbursable at actual cost. List the actual expense in the “Transportation and Other Expenses” column. List the client case number and, next to the client number, which meal was provided (B, L, or D) in the “from/to” field.

14. **Meals: Total:** Enter the total costs of the meals listed or use the calculation function on the template.
15. **Meals: Reimb Total:** Enter the total amount from item 14, unless it exceeds the maximum allowed. If so, enter the maximum amount allowed. (See procedure [210.205](#).)
16. **Lodging: Actual:** Enter the **actual** cost of lodging. Include only the room charge and applicable taxes. Do not include telephone calls, meal expenses, or other items that may appear on the lodging receipt. Attach the original detailed lodging receipt (with the motel name and address on it) to the claim.

For additional requirements when employees share a room, see procedure [210.205\(2\)\(a\)\(4\)](#).

17. **Lodging: Reimb Total:** Enter the amount from item 16, unless it exceeds the allowable amount. If so, enter the maximum amount allowed. See procedure [210.205](#) for the allowable reimbursement.
18. **Code:** Enter the letter code for the type of expense (shown in a drop-down box and help text on the template). Valid codes are:

A Air	P Parking
B Bus or cab	R Registration
D Long-distance phone	S Supplies
F Local phone	T Tolls
L Laundry	O Other, specify below

Use the “O” code for any expenses that do not have an assigned code. Enter the description in the “Trans/Other Expenses” section. If there are multiple “other” expenses, start with an “O” code and add as many numbers as necessary so that each expense has a separate code, e.g., O1 – postage, O2, etc.

19. **Amount:** Enter the actual amount of the miscellaneous expense.
20. **Document Total:** Enter the total of columns 12, 15, 17, and 19 or use the calculation function on the template.
21. **Less Travel Advance:** If there is no travel advance involved with this particular trip, leave this space blank. If there is a travel advance, enter the amount here.
22. **Less Travel PCard Pymts:** Leave blank.
23. **Reimbursement Requested:** The same amount entered in 20 should be entered here if there is no travel advance associated with this trip.
- Claims Certification Section:**
24. **Commuting miles excluded?:** Indicate by entry of “Y” or “N” whether commuting miles have been deducted. If commuting miles were not excluded, include an explanation on the form or in a separate attachment.
25. **Travel includes vicinity miles?:** Indicate vicinity driving by entering “Y.” If this is not entered and the miles appear excessive, the claim must be reduced accordingly.
26. **Direct deposit?:** Indicate by entry of “Y” or “N” whether the employee has direct deposit. Employees whose payroll is direct deposited will receive travel reimbursements via direct deposit.
27. **Warrant to alt addr?:** N/A
28. **Title:** Enter the employee’s job title.
29. **Department to be Charged:** Enter the department number to be used for these expenses (i.e., 401, 402, or 413).
30. **Employee Vendor #:** Enter the employee’s vendor number, composed of the first nine letters in the employee’s last name, first name, and middle name as shown on the payroll system, plus the last two digits of the employee’s social security number.

31. **Check here if board or commission member:** Check here if the person claiming expenses is a council, board, or commission member and is entitled to the higher reimbursement rates as detailed in procedure [210.205\(3\)](#).
32. **Claimant's Signature:** The employee (claimant's) must sign each TP in ink. An original signature **must** be entered. No rubber stamps will be accepted for the employee's signature on travel claims.
33. **Date:** Enter the date the TP form is signed by the employee.
34. **Travel Approval (Supervisor's Signature):** Enter the original signature of the employee's supervisor.
35. **Bud FY:** Enter the budget fiscal year for expenses incurred.
36. **Fund, Dept, Unit, Sub Unit, Objt:** Enter applicable account coding.
 - ◆ Fund code
 - ◆ Dept code
 - ◆ Unit (organization code)
 - ◆ Sub-unit code (if required)
 - ◆ Object code. For in-state mileage reimbursement, use code 2103; for out-of-state mileage reimbursement, use code 2104.
37. **Amount:** Enter the amount of the line item.
38. **Document Total:** Enter total amount of claim or use the calculation function on the template.

Use the "calculate" button at the end of the template to perform automated calculations.

[Request for Travel Authority, Form 655-0209](#)

Purpose	<p>Form 655-0209 is used to obtain the prior authorization required for all employees for each trip outside the state. Exception: An employee may travel out of state on regular state business (e. g. transporting or visiting clients) without submitting this form.</p> <p>Prior approval is also required for nonemployees who are conducting state business for the Department, such as:</p> <ul style="list-style-type: none">◆ Members of councils, commissions, and boards relating to the Department; and◆ Vendors or others who contract with the Department and travel on behalf of the Department.
Source	<p>This form is available as a template on Outlook under public folders, state-approved forms, administrative folder.</p>
Completion	<p>The person requesting approval for out-of-state travel shall complete the form. DHS support staff may complete the form for a nonemployee representative.</p> <p>The request must be submitted and approved by the supervisor, the Department director, and the Executive Council. The Director's Office must receive the request at least three weeks before the departure date. When the meeting or conference is called on short notice, explain this on the request or in a cover memorandum from the supervisor.</p> <p>No abbreviations are allowed. Be sure to state who is sponsoring a meeting. Enter this in the space provided, not on a separate paper. For trips involving clients, e.g., patients being transferred from place to place, the client's name must be left off for confidentiality purposes.</p> <p>All requests for the same trip must be submitted at the same time. When it is possible that staff from more than one division may attend a conference, the primary division is responsible for coordinating the requests, including checking with other divisions.</p>

Temporary Out-of-State Travel Advance, Form TA (TEMP) 07-450

Purpose

Employees use the *Temporary Out-Of-State Travel Advance*, form TA (TEMP) 07-450 to request an out-of-state travel advance. It **must** be used when requesting:

- ◆ Reimbursement for airfare (or other modes of transportation such as bus fare) before the trip takes place. (See procedure [210.325](#) for an explanation of when this is possible.)
- ◆ Reimbursement of a registration fee (before the trip). (See procedures [210.320](#) and [230.550](#) for more information.)
- ◆ 80% of anticipated out-of-pocket expenses. (See procedure [210.310](#) for more information.)

Source

This form is available as a template on Outlook under public folders, state-approved forms, administrative folder.

Completion

Each person requesting a travel advance must complete a separate request form **after** the Executive Council has approved the *Request for Travel Authority*. For more information on out-of-state travel advances, see procedure [210.310](#).

Travel advances for the 80% anticipated out-of-pocket costs are processed no sooner than seven working days before the trip. More than one form may be submitted for the same trip. However, the most current form submitted must reference all other forms submitted.
Example:

An employee's flight for an approved trip is booked two months before the trip to receive the best possible price. This cost may be reimbursed to the employee more than seven working days before the trip occurs.

The claim number and paid date of the claim submitted for reimbursement of air fare must be indicated on the TA (TEMP) submitted for out-of-pocket expenses.

TA (TEMP)

Distribution

Submit the form to the employee's supervisor for approval.
Additional copies may be made for the person requesting the travel advance and for supervisor's records.

Attach:

- ◆ The approved *Request for Travel Authority*, form 655-0209.
- ◆ An itinerary for the trip.
- ◆ An invoice or registration form, if applicable.

Submit the original and two copies of the TA (TEMP) form and all supporting documentation to the Bureau of Purchasing, Payments, and Receipts. (DHS facilities process their own travel claims and may have different distribution guidelines.) Each original must have original documentation attached.

Data

Below are instructions for completing the TA (TEMP). Only the numbered fields need to be completed. The numbers correspond to the inserted numbers on the sample form.

1. **Official Domicile:** Enter the official domicile of employee requesting the travel advance.
2. **Purpose of Travel:** Check the box of the description that best describes the purpose of this travel.
3. **Document Number:** Not required.
4. **Name and Home Address:** Enter the name and address of person the request is for.

5. **Alternate Address (send warrant to):** Enter the office for warrant delivery. The warrant will be sent to this division, bureau, or local office.
6. **Travel Start Date:** Enter the date travel will begin.
7. **Travel End Date:** Enter date travel will end.
8. **Destination(s):** Enter the travel destinations. Indicate all business stops that will be made during the trip.
9. **Mode of Transportation:** Enter the mode of transportation (airplane, personal car, etc.).
10. **Transportation (Itinerary Attached):** Enter the total cost of airfare here. A cost comparison must be included for airfare.
11. **Registration (Attach Invoice or Registration Form):** Enter the registration fee here.
12. **Sub-Total:** Enter the total cost of 10 and 11. (The template will calculate this amount after the form is completed.)
13. **x 100% = \$:** Multiply the sub-total in 12 by 100% and enter total here. (The template will calculate this amount after the form is completed.)
14. **Transportation Not Shown Above:** Enter total cost of transportation not shown in item 10.
15. **Food:** Enter the estimated cost of meals.
16. **Lodging:** Enter the estimated cost of lodging, including all applicable taxes.
17. **Other:** Any other estimated expenses that will be incurred on the trip, such as parking, taxi, etc.
18. **Sub-Total:** Enter total cost of 14 through 17. (The template will calculate this amount after the form is completed.)

19. **x 80% = \$:** Multiply total cost in 18 by 80% and enter total here. (The template will calculate this after the form is completed.)
20. **Total Advance Requested:** Enter the total of 13 and 19 here. This is the total amount of the advance. (The template will calculate this amount after the form is completed.)
21. **Accounting Use Only:** Enter the paid TA numbers and paid dates of any other TAs associated with the same trip.
22. **Commuting miles excluded?** Indicate by entry of “Y” or “N” whether commuting miles have been deducted. If commuting miles were not excluded, include an explanation on the form or in a separate attachment.
23. **Travel includes vicinity miles?** Indicate by entry of “Y” or “N” whether there was a vicinity driving. If this is not entered, and the miles appear excessive, the claim must be reduced accordingly.
24. **Direct deposit?** Indicate by entry of “Y” or “N” whether the employee has direct deposit. Employees whose payroll is direct deposited will receive travel advances via direct deposit.
25. **Title, Claimant’s Signature, Date:** Employee (claimant) signs claim in ink here and enters the employee’s title, and the date claim is signed. Original signatures **must** be entered. No rubber stamps will be accepted for the employee’s signature on travel payments.

Also, **each** TA (TEMP) must be signed. If employee’s travel crosses fiscal years, two TA (TEMP)s must be submitted and an original signature shall be entered on **both** TA (TEMP)s.
26. **Employee Vendor #:** Enter the first nine letters in the employee’s last name, first name, and middle name as shown on the payroll system, plus the last two digits of the employee’s social security number.

27. **Department to be Charged:** Enter the agency number to be used for these expenses (i.e. 401, 402, 413).
28. **Check if board or commission member:** Check here if the traveler is a council, board, or commission member and is entitled to the higher reimbursement rates as detailed in procedure [210.205\(3\)](#).
29. **Travel Approval (Supervisor's Signature):** Enter the original signature of the employee's supervisor.
30. **Bud FY:** Enter the budget fiscal year expenses were incurred.
31. **Fund, Dept, Unit, Sub Unit, Objt:** Enter the applicable accounting coding.
- ◆ Fund
 - ◆ Dept
 - ◆ Unit (organization code)
 - ◆ Sub Unit (if required)
 - ◆ Objt (object code) For in-state mileage reimbursement, use code 2103; for out-of-state mileage, use code 2104.
32. **Amount:** Enter the amount of the line item.
33. **Document Total:** Enter the total amount of the claim.
(Template calculates)

Use the "calculate" button at the end of the template to perform automated calculations.